TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. be certificate TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16972
CERTIFICATE OF DEATH

10000	Jan III IOAI	- J. Zamiii		1000
1. PLACE OF DEATH a. CDUNTY			Where deceased lived, If institution: R	esidence before admission
TALBOT	MARYLAND	a. STATE MARY		EN ANNE
b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporate limits, write RURAL	
write RURAL and give nearest town) EASTON	17days 17 hrs.	KURAL	CENTREVILLE	17x-2
d. NAME OF HOSPITAL OR INSTITUTION (if not in h	ospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
MEMORIAL HOSPIT	721			ON A FARM?
3. NAME OF First	Middle	Last   4.	DATE Month	Day Year
DECEASED (Type or print) JAMES	Edward	Andrews	DEATH December	26 1965
5. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years   IF UNDER last birthday)   Months	Days Hours   Min.
MALE WITTE WIDOWED	DIVORCED [	Oct. 12 - 188	4 81 yrs.	
	(IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County		TIZEN OF WHAT
RETIRED CARPENTE		MALBOT CO	O. MARYLAND	USA.
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME //	
JAMES L. ANDRE		MARTH	A HARRIS	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO.   17.	RS. JAMES AN	DREWS CENTRE	VILLE MD.
18. CAUSE OF DEATH [Enter only one cause per				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:	uplete heart.	black		4 2frs
4200 DUE TO		/	•	0
Cenditions, If any, which ) (b) (a)	tenoschrotei	heart de	seem	Many you
gave rise to immediate				10
cause (a), stating the underlying cause last.				
	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CAT				YES NO S
20a. ACCIDENT WAS UNDERLYING [ 20b.	DESCRIBE HOW INJURY DCCU	JRRED. (Enter nature of In)	ury in Part I or Part II of Item 18	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED  20a. ACCIDENT WAS UNDERLYING   20b. DR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town) (Cou	inty) (State)
Hour a.m. While	Not While facto	ry, street, office bldg., etc.)		
		18 Dec 196	to 26 Dec 196	that (I) (wa) look
21. I certify that (I) (this hospital) attend		102.7	M, from the causes and on t	
saw the deceased alive pn 24	19 - , and that	death occorred at		ATE SIGNED
Sterhen P Ca	med M.	ATTENDING MED		
22c. PHYSICIAN'S	J M.L	22d. ADDRESS	TOTAL CITY	
MANE (Tubo)	Carney, Jr. M.	D. Easton	, Maryland	
	23c. NAME OF CEMETERY		23d. LOCATION (City, town or co	unty) (State)
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	CHPSTAD	FIELD	CENTREVILLE	MD.
24. FUNERAL DIRECTOR	ADDRESS,		BY REGISTRAR   25b. REGISTRAR	'S SIGNATURE
Edan Stare Oh	4RCh H.117	The DOMAN 4	1966 Jelianle	Judge.
Confin Down	011011111111	// Destit	1000 //	11-11

VR A15 (4)

0

hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please cannon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
18973
CERTIFICATE OF DEATH

8	1	100:0	203.34
	11	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
1		T 1/ +	a. STATE Maruland b. CDUNTY Talbot
-		b. CITY DR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give nearest town)	C. CITT OR TOWN (IT outside corporate limits, write RORAL and give nearest town)
		Enston 7 adus	1 / rappe
		d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1		M / 1/ . +1	ON A FARM?
1	-	remorial Hospilal	YES NO X
	3.	NAME DF Nellie Middle	Last 4. DATE Month Day Year
4		(Type or print) Bartlett	DF DEATH /2 - 2 3 1965
-	5.	SEX   6. COLDR DR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
ŀ	7	7. MARKIED   NEVER MARKIED	last birthday) Months   Days   Hours   Min.
1	-	emale white WIDOWED DIVORCED	1/19/1874 91 yrs.
1	10a	. USUAL OCCUPATION (Give kind of work done   1Db. KIND OF BUSINESS OR INDUSTRY   INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
	uui	Housework	Talbot
-	13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	10.		14. MOTILE S MAIDEN NAME
		Frank A. Baker	Nellie Rust
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. s, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
	(16	20000 1	Mrs. William Corkran, Sr. Trappe, Md.
-	-	700 /- /- /- /-	
I		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	I D C C TILL A INTERVAL BETWEEN ONSET AND DEATH
1		PART I. DEATH WAS CAUSED BY:	IRI COMMON LICC HTTEN 24 LIPS
	- 1	4500 DUE TD 0	
		Conditions if any which	Attorne Comment UN.
		gave rise to immediate (b)	. The constant of the
1		cause (a), stating the DUE TO	
		underlying cause last. (c)	
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	5	Fractures multiple Ve	that boolies YES NO X
	Ĕ	, , , , , , , , , , , , , , , , , , , ,	CURRED. (Enter nature of injury in Part I or Part II of Item 18.)
1	2	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Current (enter hature of hijury in Part 1 of Part 11 of item 10.)
- 1		(IF EITHER, NOTIFY MEDICAL EXAMINER)	
-	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PL/	ACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
		While Mut while	ory, street, office bldg., etc.)
1	Ξ	p.m. 19 at work at work	19/16 66 19/12 66
	10	21. I certify that (I) (this hospital) attended the deceased from	19 01, to 19 5, 19 61, that (1) (we) last
-1		saw the deceased alive on 12 19 63, and that	at death occurred at Mo. M, from the causes and on the date stated above.
1	2	22a. SIGNATURE	22b. DATE SIGNED
9		8 Kecul 1 M.	D. ATTENDING MED. STAFF   (2 24-6)
		22c, PHYSICIAN'S	22d. ADDRESS
Н		NAME (Type) S. REEL TR	YES Low
		10,0000	
	23a	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER REMOVAL (Specify)	
		Burial 12/27/1965 Spring Hill	Easton, Md.
10	24		1 25a. REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
7	11	bain & Manuary & Fort W	DEU 9 9 1965   Micorely Judge
X	V	LEWIS & MUSINGUM KOOLA WOTON, 1	VICE DATE 23 1000

VR A15 (4) 15M 4-64

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		A with the same
		A A ME
	10 10/10/10/10	alone alone
TAX .	to United	2.12.12.62.2
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64

			MARYLAND :	STATE DE	PARTM	ENT OF I	HEALTH		
NO	OF	STATISTICAL	RESEARCH AN	D RECORDS	, 301 W.	PRESTON	STREET,	BALTIMORE	1, MARYLAND
7. 2			CFR	TIFICAT	FOF	DEATH			ONOFF

DIVISION OF STATISTICAL RESEARCH AND RECORDS	S, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16974 CERTIFICAT	E OF DEATH 20355
1. PLACE OF DEATH a. COUNTY  ABOVE  ARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE b. COUNTY Talbot
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If offside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
MEMORIAL	216 N. Aurora Street ON A FARM?
3. NAME OF DECEASED (Type or print) First Middle FLOVO LERONY	BAYNARD 4. DATE Month Day Year DF DEATH 27 1965
M WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Days   Hours   Min.   With the second secon
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Mechanic  10b. KIND OF BUSINESS OR INDUSTRY  Auto	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?  Talbot Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Baynard	Katie V. Coleman
15. WAS DECEASED EVER IN 0.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (If yes give war or dates of service)	INFORMANT Address
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	lijah J. Baynard, Easton, Md.
PART I. DEATH WAS CAUSED BY:	end helanetion house and onset and o
IMMEDIATE CAUSE (a)	ing requirement of the state of
Conditions, if any, which	etheroseleroser
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Echromicardiae Karle	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While at work at work at work	ACE OF INJURY (Home, farm, 20f. (Clty or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from some the deceased alive on 1965, and that	t death occurred a 25M, from the causes and on the date stated above.
228 SIGNATURE M.M.	
Liane (ype) m freeten	John Address Michael me
Burial 12/30/1965 Spring Hill	Y OR CREMATORY 23d. LOCATION (City, town or county) (State)  Easton, Md.
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
My wille to, Neelyam & Day 6,45 Tow, Md	DANDEC 29 1965 feliantes Judge

AGEUS MAINTENANT PORTO	
line lined lathor	
: '07:	
VERZ ON. March	
7/6/1920	
Tolhoi Ingland US	Mechanic she's
hatish, olumi	to and in a
	May Care
.4	Project 19 19 19 15 Spring Mill

hours after death

### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10975 CERTIFICAT	E OF DEATH	1356			
1	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re	sidence before admission)			
	TALBOT MARYLAND	a. STATE MARYLAND b. COUNTY CAR	PUCINE			
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)			
	EASTON Sdays 6 his.	Greensboro 05x-2				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?			
_	MEMORIAL HOSPITAL	None	YES NOT			
3.	NAME OF First Middle DECEASEO	A Last 4. DATE Month	Day Year			
-	(Type or print) CHARLES HILEN L	DEALMONT DEATH DECEMBER				
1	7. MARKIED   REVER MARKIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1   Iast birthday)   Months	Days . Hours   Min.			
	ale   White   WIDOWED DIVORCED ]	11-20-1893   72 yrs.     11. BIRTHPLACE (County & State, or foreign country)   12. Cl	TIZEN OF WHAT			
du	ring most of working life, even if retired). INDUSTRY	CO	UNTRY?			
	Retired Manager Geb. A Reach Co.	New York USA				
10	Francis E. Beaumont					
18		Mary E. Allen INFORMANT Address				
	es, no, or unkown) (If yes give war or dates of service)		202			
=		prothy Bradfield Woolford,	Md. INTERVAL BETWEEN			
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c):] PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH  ONSET AND DEATH					
	IMMEDIATE CAUSE (a) Course of Tall Cause (a)					
	Conditions, If any, which ) DUE TO See be left lefterer					
	gave rise to immediate		1			
	cause (a), stating the underlying cause last,	pacerce de				
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?			
CAT			YES NO			
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCUON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.)	)			
CE	(IF EITHER, NOTIFY MEDICAL EXAMINER)					
CAL		ACE OF INJURY (Home, farm, 20f. (City or town) (Courtors, street, office bldg., etc.)	nty) (State)			
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ny, street, onice bidg., etc./				
	21. I certify that (I) (this hospital) attended the deceased from	11-20 1965 to 12-4 1965	5, that (I) (we) last			
		t death occurred at Mb M, from the causes and on the				
	220. SIGNATURE	ATTENDING MED OTAGE	ATE SIGNED			
	Alah Hothe M.	D. PHYS. DIRECTOR PHYS. 12/0/	65			
1	PHYSICIAN'S NAME (Type) John N. Robinson M. I	22d. ADDRESS	72////			
23			12/6/65 (State)			
23	REMOVAL (Specify)					
24	Burial 12-8-65 Greensboro  FUNERAL DIRECTOR  ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR	SSIGNATURE			
1	LEBO 1 H. D. SM	25a. REC'D BY REGISTRAR 25b. REGISTRAR	, judge			

VR A15 (4) 15M 4-64

10 FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and the symptom 72 hours after death.

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

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	ch Co. Bew York			
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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16976 CERTIFICATE OF DEATH

		Charles .
1. PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re a. STATEMARYland b. COUNTY Care	
Calkot MARYLAND	rat yrand Car	oline
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
To aston. 38 hours	Preston 05 x. 2	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADORESS	e. IS RESIDENCE
Memorial Hospital	R.F.D.	ON A FARM? YES NO
3. NAME DF First Middle	Last   4. DATE Month	Day Year
(Type or print) M. Roland Franklin (	Chambers DEATH 12	29 1965
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IFUNDER 1	
Male White WIDOWED DIVORCED	September 24, 1001 74 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR during most of working life, even if retired)   INDUSTRY		TIZEN OF WHAT
Farmer	Caroline Ciunty, Maryland	UNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIOEN NAME	Tills
Franklin H. Chambers	Mannie Buckley	A
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT Address	
	s. Estella M. Chambers, Presto	n, Md.R.F.D.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	, ,	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	+ h varma hacke	ONSET AND DEATH
IMMEDIATE CAUSE (a)	ל וכטוודרוטעוו	
4657 DUE TO // / / /		
Conditions If any which )	456	
gave rise to immediate		
cause (a), stating the DUE TO		
underlying cause last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
THE STATE OF THE S		PERFORMED?
L CO. ACCUPAT WAS INDEED TO SEE		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT RELA  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IRREO. (Enter nature of injury in Part 1 or Part II of Item 18.)	
	CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
Hour a.m. While Not While	ry, street, office bldg., etc.)	(0.000)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA Hour a.m. While Not While facto p.m. 19 at work at work		
21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19	_, that (i) (we) last
	death occurred at & M, from the causes and on th	•
22a. SIGNATURE		TE SIGNED
all for many	ATTENDING MED. STAFF A 39	Dec 65,
22c. PHYSICIAN'S FALL C. Amely	22d. ADORESS	0 11
L-L-IT Schmal	Corter Illay	lengh
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or cour	nty) (State)
Burial (Specify) 12-31-65 Junior Order		
24. FUNERAL DIRECTOR ADDRESS		
ADDRESS	100	
J' J' Transfrom Ton Tederalsturg,	1/1d.   DATE N 7 1966   Junies	Judge
		++

VR AI5 (4) 20M I/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please employe carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and to any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
16977 CERTIFICATE OF DEATH

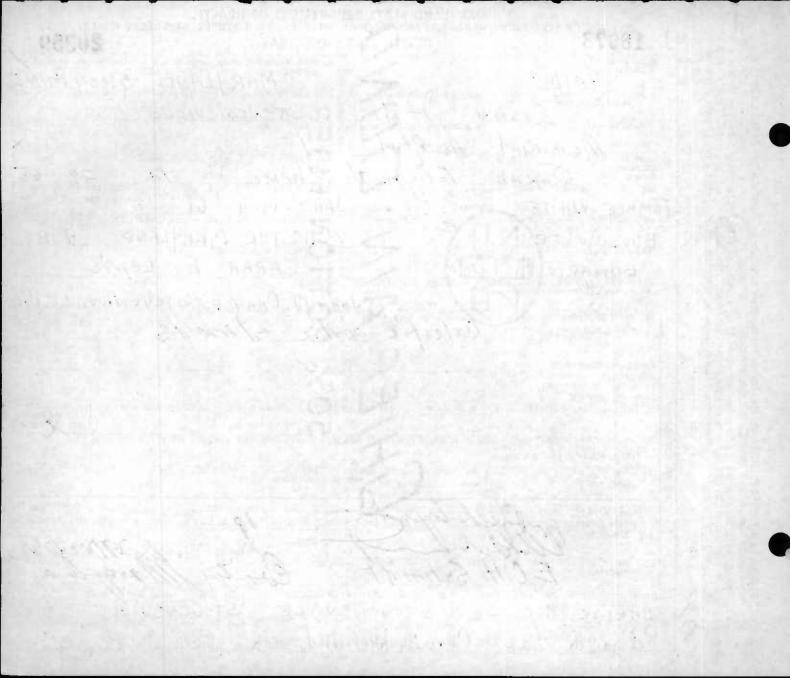
1.	a. COUNTY	1			2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission
	a. 000H11	albot		MADVI AND	a. STATE b. COUNTY
		N (if outside corporat and give nearest tow		c. LENGTH OF STAY IN 1	Maryland Queen Anne c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town
	_	- Annual Principles	11)	30 days.	Church Hill 17X.2
		SPITAL OR INSTITUTIO	N (if not In he	ospital, give street addres	
	1.1				ON A FARM?
_		Ional			XX YES NO
3.	NAME DF DECEASED	Fi	rst	Middle	Last 4. DATE Month Day Year
	(Type or print)	Sa	muel	Garl (	hance DEATH 12 - 9 19 65
_	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HI
	ale	White	WIDOWED	DIVORCED _	July 23, 1895 70 yrs. Months Oays Hours Mir
10a	. USUAL OCCUPAT	ION (Give kind of work)	done 10b. K	IND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT
Juji	Mecha	ing life, even if retired in 18	"	voustry Garage	11. BIRTHPLACE (County & State, or foreign country) Carmichael, Maryland Country USA
13.	FATHER'S NAM	E	-		14. MOTHER'S MAIOEN NAME
		Joshua S	Chan	ce	Sarah Catherine Melvin
		EVER IN U.S. ARMED FO	RCES?   16.	SOCIAL SECURITYNO.   1	7. INFORMANT Address
(16	s, no, or unkown)	(If yes give war or dates o	Service) 22	9-32-1126	Mrs. S. Earl Chance Church Hill, I
	18. CAUSE OF	DEATH [Enter only on	cause per li	ine for (a), (b), and (c).]	O - INTERVAL BETWEEN
	PART I. DE	ATH WAS CAUSED BY		3 Danna	Pardiel chellsteres ONSET AND DEATH
	177	IMMEDIATE CAUSE	(a)	2000 und	The Contract of the Contract o
	Conditions If	DUE	TO ALA	pland Ale	hudren (Calling)
	Cenditions, If gave rise to		(b) W	reset (1/2	hady (letter)
	cause (a), st		TO		
-	underlying caus		(c)		
101	PARTII. OTHERS	IGNIFICANT CONDITIO	NS CONTRIBU	TING TO DEATH BUT NOT R	ELATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2) 19. WAS AUTOPS PERFORMED?
CAI					YES NO D
FI	20a. ACCIDENT	WAS UNDERLYING	20b. E	ESCRIBE HOW INJURY OF	CURRED. (Enter nature of injury in Part I or Part II of item 18.)
CERTIFICATION	OR CONTRIBUTI	NG CAUSE OF DEATIFY MEDICAL EXAMI	IH IER)		
		NJURY Month, Day,		NJURY OCCURRED   20e. F	LACE OF INJURY (Home, farm,   20f. (City or town) (County) (State)
MEDICAL	Hour a.r		While	Not While -	ctory, street, office bldg., etc.)
ME	р.1	n. 19	at work		
	21. I certif	y that (I) (this hosp	ital) attende	ed the deceased from_	, 19 , to , 19 , that (I) (we) la
	saw the de	eased alive on		19, and t	hat death occurred at 1 a.M., from the causes and on the date stated abov
	22a. SIGNATU	RE 1 D	N		22b. DATE SIGNED
1	NOn.	7 9 00	Me	De !	A.D. PHYS. MED. STAFF 12/9/65
	27c. PHYSICIA	N'S John N.	Robins		22d. ADDRESS
U	NAME (T)	be) 9 OHH M.	MODINS	OII P	Easton, Maryland 12/9/65
23a			HEREOF	23c. NAME OF CEMETI	RY OR CREMATORY   23d. LOCATION (City, town or county) (State)
1.	REMOVAL (Sp	ecify) 12/12/	65	Church 1	4ill Church Hell TOL
24.	FUNERAL DIRE	CTOR		ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S GIGNATURE
-	5,	99	61.	11911	ML DEC 15 1965 Clarks Judge
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OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death: 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) PLACE OF DEATH a. CDUNTY the 1. b. CDUNTY after completely filled in by the 1 ve carbon papers. Pages 1 event, within 72 hours after MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY DR TDWN (if outside corporate limits. c. LENGTH OF STAY IN 1b write RURAL and give nearest town). hours PA SVI d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE DN A FARM? NO X YES within NAME OF First Middle Last 4. DATE Month Day Year DECEASEO (Type or print) 1965 DEATH 2 IF UNDER 24 HRS SEX 6. CDLOR OR RACE AGE (In years | IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Months I Davs Hours any and ALE WIDOWED OLVORGED 10a, USUAL DCCUPATION (Give kind of work done) 10b. KIND DF BUSINESS DR 12. CITIZEN OF WHAT (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? and HOUSEW 13. FATHER'S NAME EE certificate remova 듬 attending permit. Then LOWAR the au. 15. WAS DECEASED EVER IN U.S. ARMED FDRCES? Address 16. SOCIAL SECURITY NO. INFORMANT (Yes, no, or unkown) (If yes give war or dates of service) death evens cremation, INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] burial-transit burial, crema ģ I. DEATH WAS CAUSED BY: retained by the hospital or attending physician. IMMEDIATE CAUSE (a) signed DUE TO Cenditions, If any, which peen gave rise to immediate as the b DUE TD cause (a), stating the underlying cause last. has (c) WAS AUTDPSY CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? The certificate YES TO NO T 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE DF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of Item 18.) detached for the Dept. of I After this MEDICAL 20d. INJURY DCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20c, TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. Not While 19 at work p.m. director, page 3 should should be filed with the 21. I certify that (I) (this haspital) attended the deceased from 19 M, from the causes and on the date stated above. saw the deceased alive\_or and that death occurred at\_d DATE SIGNED 22a. SIGNATURE 22b. pe ATTENDING PHYS. DIRECTOR PHYS M.D. 22c. PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) 23b. DATE THEREDF NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) BURIAL, CREMATION, 23c. REMOVAL (Specify) 25b. REC'D BY REGISTRAR REGIS FUNERAL DIRECTOR ADDRESS 25a. VR A15 (4)

20M

MARYLAND STATE DEPARTMENT OF HEALTH



1

executed within 24 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

						A sea deposit of the second
7	A.	PLACE DF DEATH 2. COUNTY		2. USUAL RESIDENCE (WI	here deceased lived, If institution: I	Residence before admission)
		IALOOT	MARYLAND	MARYLA	9NG 11	9/00+
		write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside	de corporate limits, write RURAI	and give nearest town)
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	hite	d. STREET ADDRESS	STON	e. IS RESIDENCE
V			spiral, give stieet address)	1 1	LCHOREL	ON A FARM?
1	3.	LOCUST STREET.	ter de la constante de la cons	1 100 45	TO MEET	YES NO P
	3.	OF CEASED (Type or print)	Emma /	Phase-	DATE Month DF DEATH	2/ 1963
	5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIEO	B. OATE OF BIRTH	9. AGE (In years   IF UNDER	1 YEAR IF UNDER 24 HRS Oays Hours Min.
	7	EMALE WEERD   WIDOWED	OIVORCED	1-14-1883	82 yrs.	
3	dur	ing most of working life, even if retired)	ND OF BUSINESS OR DUSTRY	11. BIRTHPLACE (County &		OUNTRY?
	13.	FATHER'S NAME	MESTIC	14. MOTHER'S MAIDEN NA	MEYNYNO	8 57
	H	ARRISONChASE		MARVI	M. ChASE	
		. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. St	OCIAL SECURITY NO. 17.	INFORMANT	Address	6. 1
		NO 2/1	7-30-62.80 3	SEPH CHASE	UX+OR.	o, ma
8		18. CAUSE OF DEATH [Enter only one cause per line	e for (a), (b), and (c).]	. 1 4		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	yocardial	infarctio	u	2013 days
Y.		260 X OUE TO	CUD d	UNVD		11.
Н		conditions, If any, which gave rise to immediate (b)	SIIV F	ACIV		years
9		cause (a), stating the OUE TO Underlying cause last.	iabetes	mellitus		Years
T,	TION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL OISEAS	E CONOITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
5	FICA					YES NO
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DE OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury	y in Part I or Part II of Item 18	.)
	MEDICAL	Have a m	factor	CE OF INJURY (Home, farm,	20f. (City or town) (Co	unty) (State)
	MED	Hour a.m. While at work	Not While at work	y, street, omto bing., etc.)		
		21. I certify that (I) (this hospital) attended		July , 19,6		5, that (I) (we) last
		saw the deceased alive on 21-120		death occurred at	M, from the causes and on t	
		22a. SIGNATURE Dale R Tol	Inia M.O.	ATTENOING MED.	STAFF - 2 4	ATE SIGNED 1-Dec -1965
1		22c. PHYSICIAN'S NAME (Type) Pale R. Ko.	Ilman, M.D	12 N. Hai	nson St; Eas	ton, Md
1	23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (SOCIETY)	23c NAME OF CEMETERY	OR CREMATORY 23	d. LOCATION (City, town or co	unty) (State)
1	1	sureal 1221-68	suchards	anetery	Tallot	md.
7	24.	FUNERAL DIRECTOR 1 426	103 DERESS SEC	25a. REC'D BY	man and a	'S SIGNATURE
2	5	James D. N. Coholk	Caston, 11	2d DATE 2	1965 Juanle	y judge

VR A15 (4) 20M 1/65

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician.

THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE CONTRACTOR OF THE SECOND A SECTION OF SUPERIOR SERVICE Myocardial infacetion 2056/10 ASHD & HOVD 10018 Viebetes mellitus Date Rokellman, Mile 12 W. Hansen St; Easten, Mil

VR A15 (4) 15M 4-64

### MARYLAND STATE DEPARTMENT OF HEALTH OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	16980 CERTIFICAT		RYLAND 20361
1	1. PLACE OF DEATH a. CDUNTY Talbot MARYLAND	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	lbot
	b. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)  Easton  c. LENGTH OF STAY IN 1b  a months	c. CITY OR TOWN (If outside corporate limits, write RURAL ar	
	d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address)  House In The Pines	9. STREET ADDRESS Swann Harbor	e. IS RESIDENCE DN A FARM? YES NO
		Chesnut   4. DATE   Month   OF   DEATH   12	17 19 65
	5. SEX   6. CDLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  5-13-18-74  9. AGE (In years   FUNDER 1)  Months   D  wrs.	ays Hours Min.
	1Da. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)    Data	Marylake 11.	ZEN OF WHAT
	Samuel B. D. Jones	Eglantine Kennerly	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY ND. 17.	Frederic Chesnyt St.M.	chaels, Md
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	left lower labe	INTERVAL BETWEEN DNSET AND DEATH
	Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TD  (b)  DUE TO		
5	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED A COLOR OF SIGNIFICANT CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTING DISCONDING	CINOMA OF THE BREAST	19. WAS AUTDPSY PERFORMED? YES ND X
	1-4/N/N/N/	JRRED. (Enter nature of injury in Part   or Part    of Item 18.)  HOME AND BROKE HER LEF	T RADIUS + OLA
	2Dc. TIME DF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLA Hour a.m. While Not While	CE DF INJURY (Home, farm, 20f. (City or town) (Country, street, office bldg., etc.)  BME  PHICADELPHIB  PHICADELPHIB	ty) (State)
		t death occurred at 12.0 M, from the causes and on the	that (I) (we) last date stated above.
	22a. SIGNATURE  22c. PHYSICIAN'S  M.E  22c. PHYSICIAN'S	ATTENDING MED. STAFF 22b. DAT	77 - 65
	NAME (Type)	EASTON, MD.	
	BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETER)  PENOVAL (Specify) / 2 / 20 / 6   ADDRESS ADDRESS	Sugntico TK	SIGNATURE
-	Cours, Ministery cars her me	all DATEC 21 1965 fittables	Judge

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	oths . afembalw . st	on Called the Called Canada and Called	
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24 71 5	S Comments 2	onder damagning of the latest	
		None- Same/B Dolone	
70	Thillips Gurntine		

# FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VR A15ME

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

15091

MEDICAL EXAMINED'S CERTIFICATE OF DEATH

10301 Marian	J CLK I III CA I	OI DEAIII	20362
1. PLACE OF DEATH  •. COUNTY		(Where decessed lived, If institution	n: Residence before edmission)
Talbot MARYLAND	o. STATE Manual	and: b. COUNTY	Talbot
b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	1 100 000	utside corporete limits, write RURAL	
write RURAL and give peerest town)	V Enstan	(Rural)	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress)	d. STREET ADDRESS	numer	e. IS RESIDENCE
RFD #2 Box 50	000 110 0	<b>CO</b>	ON A FARM?
3. NAME OF First Middle	1 14-U #2 Bo	X 50	YES NO X
DECEASED (Type or print)	Lessi 4	OF DEATH 1	Dey Year
James (ooper	D. M. C.		2/22 1905
5. SEX 6. CBLOR OR RACT 7. MARRIED NEVER MARRIED 6	DATE OF BIRTH	9. AGE (In yeers   IF UND:	
Male White WIDOWED DIVORCED	4/17/1907	50 yrs.	70 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		foreign sountry)   12.	CITIZEN OF WHAT COUNTRY?
Painter Self Employed	Pa.		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA		
Elisha Cooper	Julia Ril	eu	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
(Yes, ne, or unkown) (Ifyesgive werordetes of service) 255-52-3240 Mr.	James Coon	er, Easton, Md.	
18. CAUSE OF DEATH [Enter only one sause per line for (e), (b), end (c).]	Coop	7 0	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CONSIDERAL ORGALIC	ion		ONSET AND DEATH
1/ 2 - 1			
TAD DUE TO			
Conditions, if eny, which (b)			
(a), stefing the underlying DUE TO			
anuse lest. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN PA	ART 1(e) 19. WAS AUTOPSY PERFORMED?
3			YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20b. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	(Enler nature of injury in Pert	or Pert II of item 1B.)	
3 20c, TIME OF INJURY Month, Dey, Year   20d. INJURY OCCURRED   20e, PLA	CE OF INJURY (Home, ferm,	20f. (City or town) (C	County) (State)
20c, TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20c. PLA While Not While fact fact fact work et work	ory, street, office bldg., etc.)		
21. I certify that I took charge of the remains described above, he	ld an Autonsy 🗍 In	spection . Inquiry .	and in my onicina
death resulted from: Natural causes Accident . Suicident . Suicident .			and in my opinion
Suice Accident Suice		Undetermined manner	
ACTUAL Low ONA	CHIEF MEDICAL EXA		
SIGNATURE COM CONTRACTOR	M.D. ASSISTANT MEDICA		DATE SIGNED
EXAMINER'S LOUIS / NE TI	JOY DEPUTY MEDICAL EX	AMINER (A	[2-11-1]
NAME (Type)  22a. BURIAL, CREMATION, 22b. DATE THEREOF   22c. NAME OF CEMETERY OF	Address (Street, city,		
REMOVAL (Specify)		d. LOCATION (City, town, or coun	
Burial Bec. 24, 1965 Mount Olyvet C.		rederick, Marylan	the state of the s
23. FUNERAL DIRECTOR ADDRESS		BY REGISTRAR   24b. REGISTRAR'S	
M.R. Etchison & Son, Frederick, Maryla	and PEG 27	1965 Jelianles	Judge
			77

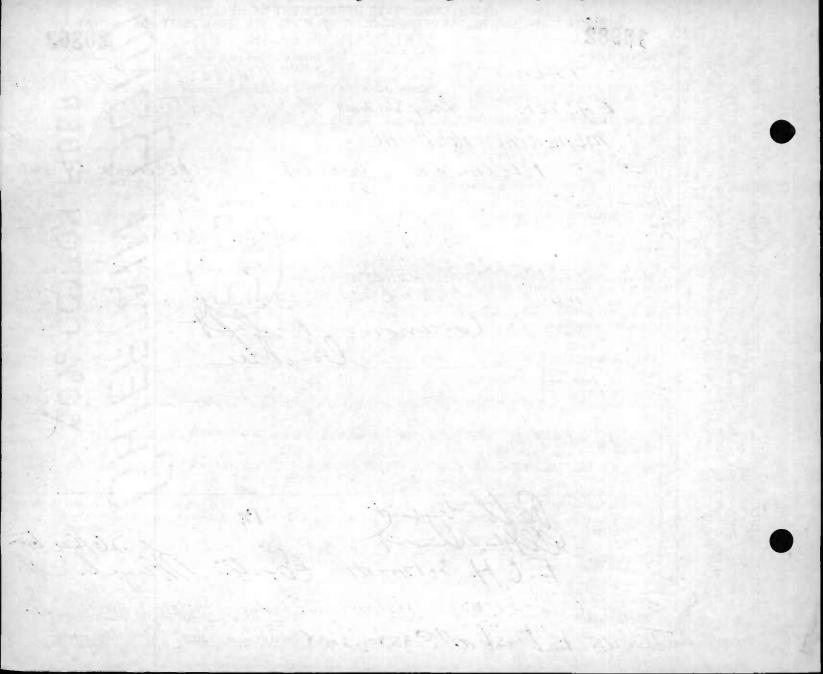
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. executed within 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical Page 4 may be retained by the hospital or attending physician.

> VR AI5 (4) 20M I/65

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 15982 CERTIFICATE OF DEATH

-	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idence before admission)
		a. CDUNTY TALBOT MARYLAND	a. STATE MARY A DOUBLE B. COUNTY	EEN DOLLES
		b. CITY DR TDWN (if outside corporate limits,   c. LENGTH DF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL at	nd give nearest town)
		write RURAL and give nearest town)	A A COLOR TOTAL	5, noa.oo. (o/iii)
-		EHOION JORYS Shi Dine	Rucal - Universelle	In prolings
		d. NAME OF HDSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
0		MEMORIAL HOSPITAL	1/1-0	YES NO
	3.	NAME DF DECEASED First MIddle	Last 4. DATE Month	Day Year
		(Type or print) MLEXANDER DE	EDON DEATH DECEMBER	24 1965
	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.		
	///	ALC NEERO WIDDWED DIVORCED N	HR. 31, 1401 38 yrs.	ays Hours Min.
		a. USUAL OCCUPATION (Give kind of work done lob_KIND OF BUSINESS DR ing most of working life, even If retired) INDUSTRY,		IZEN OF WHAT
	6	APORER COMESTIC	Center Ville hed	1/2/1
	13.	FATHER'S NAME	14. MDTHER'S MAIDEN NAME	
	-	DAMES WINTERC DEFINA	LOLITA CONNER	
	15.	. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY ND.   17.	INFDRMANT Address	(
	(Ye	es, no, or unkown) (If yes give war or dates of service)	mES Edward DEEL 41 Aprila.	ovilo Md
	-	19 CAUSE OF DEATH (Enter only one cause newline for (a) (b) and (c) 7	THE CHIPPO TE CON CENTE	INTERVAL BETWEEN
		18. CAUSE OF DEATH [Enter only one cause perfline for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	of last	ONSET AND DEATH
		IMMEDIATE CAUSE (a) Covernond	of cles	
		/62/ DUE TO	14. 11.	
		Conditions, If any, which (b)	so-chell	
		gave rise to immediate cause (a), stating the DUE TD		40.3
		underlying cause last. (c)		
	NOL	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMED?
3	CERTIFICATION			YES ND
+	FI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUR	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	1
	CER	DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
	CAL	factors	E OF INJURY (Home, farm, 20f. (City or town) (Count	ty) (State)
	MEDICAL	White I Not while I	y, street, office bldg., etc.)	
	Σ	and the second of the first of the second	. 19 to	_, that (I) (we) last
			death occurred at M, from the causes and on the	,
ı		saw the deceased aliveration of that 22a. SIGNATURE		E SIGNED
		11/1/11/11/11	ATTENDING MED. STAFF	Des lite
1		22c. PHYSICIAN'S	PHYS. DIRECTOR PHYS.	77
4		NAME (Type) I I I SUTTINE	Panlar ///www	will.
	232	BURIAL CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	OR CREMATORY   23d. LOCATION (City, town or coun	ty) (State)
1	1	REMOVAL (Specify)	Pic IAP zerodo ( Che DOM DVIII	o m
R	24.	FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S	SIGNATURE
1)	-	To 10 1 110 -1	DEC 20 1005 Ochanila	Quelas
	6	dunes Spashell & is your	104 DHE 73 1303	



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

24 hours after death.

executed within

OR ATTENDING PHYSICIAN: The law requires that the death certificate be

Page 4 may be retained by the hospital or attending physician.

TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH
STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	10202		CERTII	FICATE	OF DEATH		20360
1.	PLACE OF DEATH a. COUNTY	TAI	LBOT MA	RYLAND 2	a. STATE	E (Where deceased lived, If institution: R b. COUNTY 7a.	desidence before admission)
	write RURAL a	(if outside corporate lin nd give nearest town)	6/2	days. )	East	outside corporate limits, write RURAL  on (Rural)	and give nearest town)
		ITAL OR INSTITUTION (IF	f not in hospital, give stree	t address)	i. STREET ADDRESS	ly	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	VOL CI	Middle KHERDT M	DEG	Last	4. DATE Month DF DEATH DECEMBER	20
5.	nale	white w	MARRIED NEVER MARR	CED 🗆	7/24/1925	9. AGE (In years IFUNDER AST birthday) 40 yrs.	Days Hours Min.
10a dui	Oculist	DN (Give kind of work done g life, even If retired)	Ophthalmolog			nds, Haarlem Ne	itizen of What DUNTRY? therlands
20		t Willem de	Groot		Ida degu		
15 (Y	. WAS DECEASED EV	ER IN U.S. ARMED FORCES It yes give war or dates of servi	S?   16. SOCIAL SECURITY		FORMANT No. de	Address	*
		EATH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	use per line for (a), (b), and	(c).]	ocytor	na	INTERVAL BETWEEN ONSET AND DEATH
	Cenditions, If ar gave rise to le cause (a), sta- underlying cause	mmediate ting the DUE TO					
CERTIFICATION	PART II. OTHER SIG	NIFICANTCONDITIONSC	None	TNOTRELATE	D TO THE TERMINAL D	ISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTIN	AS UNDERLYING  G  CAUSE OF DEATH FY MEDICAL EXAMINER)		JURY OCCURR	ED. (Enter nature of	Injury In Part I or Part II of Item 18.	.)
MEDICAL	20c. TIME OF IN Hour a.m. p.m.	JURY Month, Day, Year 19	20d. INJURY OCCURRED While Not While at work at work		OF INJURY (Home, far street, office bldg., et		unty) (State)
	saw the dece 22a. SIGNATURE	ased alive on	) attended the deceased		, 19 eath occurred at 5	M, from the causes and on t	, that (I) (we) last he date stated above. ATE SIGNED
	22c. PHYSICIAN NAME (Typ		Trevon MO	M.D.	PHYS. D 22d. ADDRESS  Easton.	Maryland	
238	a. BURIAL, CREMA REMOVAL (Spec	TION, 23b. DATE THER				Baltimore, Md.	
24	FUNERAL DIREC	FOR (	ADDRESS		25a. REC	'D BY REGISTRAR   25b. REGISTRAR'	S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

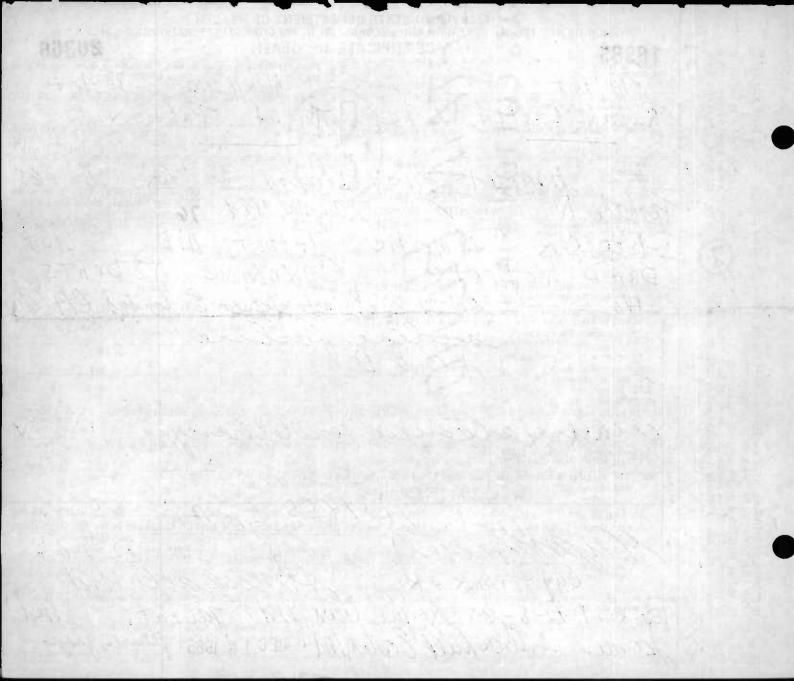
E02		16984 CERTIFIC	CATE OF DEATH	20365
e funeral 1 and 2 er death	1.	PLACE OF DEATH a. CDUNTY A / A / A / MARYL	2. USUAL RESIDENCE (Where deceased lived, if institution a. STATE Waryland b. COUNTY	n: Residence before admissio
n by th Pages ours aft		b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)		
ritini 24 nous alter fulletely filled in by the fuller from papers. Pages 1, within 72 hours after	3	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add		e. IS RESIDENC
completely vve carbon p event, withi	3.	NAME DF DECEASED (Type or print)  First Middle	FOSTER 4. DATE Month OF DEATH / 2	Day Year / 2 19 65
and com		SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	last birthday) Mont	DER 1 YEAR   IF UNDER 24 HF hs   Days   Hours   Min
ofan d ir	10 du	a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	1 11 DIDTHDIACE (County P. State on foreign country) 1 1	2. CITIZEN OF WHAT
ding physicale Then pla removal, a		No Record	No Record	
e iii ii		5. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unkown) (If yes give war or dates of service) No 160-03-0684	17. INFORMANT Address Nettie Foster Greensboro	, Maryland
oy the sit		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Inoney dema	ONSET AND DEATH
physician physician signed t burial-trar burial, cre		Conditions, if any, which (b) Controller	in heat disin	MANY YEAR
w required as beer as the arrior to	2	gave rise to immediate cause (a), stating the underlying cause last.		
ine la	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO		YES NO
hospita s certifached fached f		OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURRED. (Enter nature of Injury in Part 1 or Part II of Item	
NG rm by the fter thi be deta State D	MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20d. Hour a.m.   20d. While   Not While   20d.	factory, street, office bldg., etc.)	(County) (State)
etained STOR: A Should ith the			nd that death occurred at 5 %M, from the causes and	on the date stated above.
lay be re lay be re page 3 filed w		22a. SIGNATURE  22c. PHYSICIAN'S  22c. PHYSICIAN'S	M.D. ATTENDING MED. DIRECTOR PHYS.	12-13-65
Page 4 m FUNERA director, should be	23	NAME (Type) Stephen P. Carney		L2/13/65 (State)
5 5 5 W	24	Burial 12-15-65 Hill Cr	rest Federalsburg	Md . RAR'S SIGNATURE
VR A15 (4)		1. E Bouland Leens low n	id. DEC 17 1965 general	San Jan

20202		4 may and 10 miles	
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bar Lynak Logoda	Company Company Present	i.	oll.
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Harris Marie	alegabel Jeeg III	20-21-51 In/200	

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CEPTIFICATE OF DEATH
20366

h.	F24	-	16985 CERTIFICATE OF DEATH 201	366
death	funeral and 2 death,	M	1. PLAGE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY b. COUNTY	before admission)
after	the fges 1 after		MARYLAND WHRYLAND IF TOO	1
	Page Irs a		b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	e nearest town)
hours	d in rs.		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS (e.	. IS RESIDENCE
24	in and completely filled in by remove carbon papers. Pagin any event, within 72 hours	X		ON A FARM?
ithin	completely ve carbon event, with	- '	3. NAME DF First Middle Last 4. DATE Month Day DF DF DF	Year
Αp	car ent,		(Type or print) THRRIET 21/3A GTDSON DEATH & S	19 60 IF UNDER 24 HRS
executed within	and co emove any ev		TO MO I last birthday) Months Days	Hours Min.
	e rer in a		10a. USUAL OCCUPATION (Give kind of work done   10b. KIND OF BUSINESS OR   11/BIRT HPLACE (County & State, of foreign country)   12. CITIZEN C	
e pe	sician lease and in		during most of working life, even if retired) INDUSTRY  ON WEST C TA BOT MAD	US#
certificate	yan b		13. FATHER'S NAME	+0
certi	ding		15. WAS DECEASED EVER IN U.S. ARMED FÖRGES? 16. SOCIAL SECURITY NO. 12 INFORMANT // Address	15
death	permit.		(Yes, no, murkown) (If yes give war or dates of service) 213-22- Gar Bly Mar. The Man Can langual To	44 29n
e de	# #		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	RVAL BETWEEN
it th	ed by transi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae facture  UNSE	ET AND DEATH
tha vsici	0 7 - "		4221 DUE TO 1 (-1/1)	
uire:	en sign burial		Conditions, If any, which gave rise to Immediate	
red ndin	has beer as the prior to		cause (a), stating the DUE TO , underlying cause last. (c)	
atte	e has se as th prid			WAS AUTOPSY PERFORMED?
The	ificate for use	0	E Colherd oclerance fenile change YES	
CIAN	Too		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19.  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part 1 of Item 18.)	
HYSICIAI	this ce detache e Dept.			(State)
1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Witter the period of the state		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)  While at work at work at work	
ION	o d			at (I) (ma) last
ATTENDI	3 sho		saw the deceased alive on 1965, and that death occurred at 7 M, from the causes and on the date	
		1	M.D. ATTENDING MED. STAFF   12-7-	65
PITAL OR	RAL r, pa be fi		22c. PHYSIGIAN'S NAME (Type) FILL DEFCED TO. 22d. MODRASS	1
TO HOSP	O FUNERAL director, pa		23d. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY / 23d. LOCATION (City, toyn or county)	(State)
2	5 g 4	1	SEMOVA (Specify) 12-8-65 Royal Car Ma, Talkat	ma
		K	24. UNERAL DIRECTOR 250. REGISTRAR 250. REGISTRAR'S SIGNA	ATURE
VR	A15 (4)	0	James 13. Washell Goston Md 1 DEC 1 3 1965 Icharles Jun	gri.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

	M	ARYLAN	ID 5	ATE	DEP	AR	ĺ
DIVISION	OF STATISTICAL F	RESEARCH	AND	RECOR	DS,	301	١

	MARYLAN	D STATE DE	PARTMENT O	F HEALT	H	
<b>DIVISION OF STAT</b>	ISTICAL RESEARCH	AND RECORDS,	301 W. PRESTO	N STREET,	BALTIMORE 1,	MARYLAN
		IDELLIA A DE				

	16986	CERTIFICATE	OF DEATH		20367			
1.	PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE	CE (Where decaasad lived, If institut b. COUNTY	tion: Residanca bafore admission)			
	Talbot	MARYLAND	MARYLAND	TALBOT				
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	The state of the s	f outsida corporata limits, write RURA	AL and give nearest town)			
	EASTON  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospi	tal give stead address	A BOZMAN		a, IS RESIDENCE			
				D 05	ON A FARM?			
	HOUSE IN THE PINES - EA	ASTON Middla	ROUTE # 3	BOX 95	Day Yaar			
	(Typa or print) Dharmion Aileen	Mohler	Giles	OF DEATH 12	21 19 65			
5.	SEX 6. COLOR OR RACE 7. MARRIED		DATE OF BIRTH	9. AGE (in years IF UN	DER 1 YEAR   IF UNDER 24 HRS.			
	Female White WIDOWED		3-13-1890	lest birthday) Mon	ths Days Hours Min.			
10a	na during most of working life, even if ratirad)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Coun	ty & State, or foraign country)   12	2. CITIZEN OF WHAT COUNTRY?			
		NHOME	DOCK VEI	EN WEST VA G	1. S. A			
	FATHER'S NAME		14. MOTHER'S MAIDEN		A.1			
	VAMES K. NOHLER WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SI	OCIAL SECURITY NO.   17. I	EEFIE DE	RLE OTEMBAC Address	-1			
	es, no or unkown) (If yes givawar or datas of sarvica)		1. L. GILES	BEZMA	./			
	18. CAUSE OF DEATH (Enter only one cause per lin	a for (a), (b), and (c).]	·LILEN	NELFIAI	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	takes adam	5 Agudro	1111	ONSET AND DEATH			
	4201 DUE TO	1		1	[2]			
	Conditions, if any, which \ (b) Chroning alterna chrotic heart dej ease ()							
	gave risa to immediata causa (a), stating the underlying DUE TO							
	cause last. (c)							
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN	PERFORMED?			
FICA	208. ACCIDENT WAS UNDERLYING []   20b. DESC	CRIBE HOW INJURY OCCURRE	D. (Entar nature of injury in	Part Lor Part II of item 18.)	YES NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SALE HOW MOOK! OCCORNE	or temperature of injury in					
MEDICAL	20c. TIME OF INJURY Month, Day, Yaar 20d. IN Hour a.m. While		CE OF INJURY (Home, farm		(County) (Steta)			
MEE	p.m. 19 at work		0					
	21. I certify that (I) (this hospital) attended the deceased from 1963, to 21 Kee, 1963, that (I) (we) last saw the deceased alive on 22 Kee 1965, and that death occurred at							
	saw me deceased anve on	1945, and that	death occurred at	M, from the causes and o	on the date stated above.			
	220. SIGNATURE	м	D. PHYS.	AED. STAFF	21 Dae 65 SIGNED			
	22c. PHYSICIAN'S NAME (TYPE)	RISON	22d. ADDRESS	on deary law	<u>~</u>			
23	REMOVAL (Specify)  REMOVAL (Specify)  REMOVAL (Specify)	BELMONT	OR CREMATORY	23d. LOCATION (City, town or	county) (Stata) OH1 0			
24	FUNERAL DIRECTOR'S SIGNATURE	CABORESS A	25a. REC	2 8 1965 REGISTRA				
-			1					

VR A1S (4) 20M S-63

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral hours after death death PLACE OF OEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) 1. a. COUNTY a. STATE b. COUNTY and completely filled in by the i demove carbon papers. Pages I any event, within 72 hours after MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO executed within 3. NAME OF First Middle Last 4. DATE Month Year **OECEASED** DEATH 19 (Type or print) IF UNDER 24 HRS AGE (In years | IF UNDER 1 YEAR 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED **NEVER MARRIED** last birthday) Months ! Days Hours DIVORCED sician a ease re and in a 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN, OF WHAT pe COUNTRY? DOR attending physic ermit. Then plea certificate removal, FATHER'S NAME MOTHER'S MAIDEN NAME Address 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. o (Yes, no, or, unkown) (If yes give war or dates of service) this certificate has been signed by the at detached for use as the burial-transit perne Dept. of Health prior to burial, cremation, INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING FORTSHOOM IN THE Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE DUE TO PHYSICIAN: The law requires Conditions, If any, which gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T YES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) be de State Hour a.m. After Not While While ATTENDING at work at work 19 3 should with the S 21. Certify that (I) (this hospital) attended the deceased from that (I) (we) last TO FUNERAL DIRECTOR: M, from the causes and on the date stated above. 19 69, and that death occurred at 12 saw the deceased alive on 22b. DATE SIGNED 22a/ SIGNATUR STAFF page M.D. PHYS. DIRECTOR PHYS. 22d. **ADDRESS** director, p NAME (Type) (State) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURNAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) REGISTRAR'S SIGNATURE UNERAL DIRECTOR REC'D BY REGISTRAR 25b. 25a. 24. VR A15 (4) 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please, remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

12-			UVI				
/1.	PLACE DF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Re  9. STATE b. COUNTY					
	/ALBOT MARYLAND	MARYLAND	1-301				
	b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY DR TOWN (If outside corporate limits, write RURAL	and give nearest town)				
	NURAL EASTON 1915	X AGRAL EASTON					
	d. NAME OF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES ND				
3.	NAME DF DECEASED (Type or print)  NEISLER  Middle	V. J. W. W. C.	Day Year 2/ 1963				
5.	SEX   6. CDLOR OR RACE   7. MARRIED   NEVER MARRIED   8  WIDOWED   DIVORCED   7		Days Hours Min.				
10a	USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR INDUSTRY INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CI	TIZEN OF WHAT UNTRY?				
	NETIRED STOCK BROKER		1.54				
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
(	HARLES VAMES HARRINGTON	MARY ELIZABETH WATS	SON				
15. (Ye	s, ng, gr unkown) (If yes give war or dates of service)	RS HEISLER HARRINGTON LAS	TON POTA				
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	10.000	INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	oxetres	DNSET AND DEATH				
-	H 2 A I IMMEDIATE GAUSE (a)	o nestro					
	Cenditions, If any, which						
	gave rise to immediate						
	cause (a), stating the underlying cause last.						
NO.	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY				
FICAT		see my unflyseen a	YES ND ND				
CERTIFICATION	202. ACCIDENT WAS UNDERLYING   2Db. DESCRIBE HOW INJURY OCCUI DR CONTRIBUTING   CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (En)er nature of injury in Part I or Part II of Item 18.)					
MEDICAL		CE OF INJURY (Home, farm, 20f. (City or town) (Cour	nty) (State)				
JED!	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)					
2	21. I certify that (I) (this hospital) attended the deceased from	July 1952 to 21 les 1905	_, that (I) (we) last				
	saw the deceased alive pn 2 less 1962, and that death pocurred at M, from the causes and on the date stated above.						
	22a. SIGNATURE		TE SIGNED				
1	Milles Tay Allican M.D.	ATTENDING MED. STAFF DIRECTOR PHYS. D	Alec 45				
	22c. PHYSICIAN'S THURSTON HIT RRISUM	22d. ADDRESS Carfres leavy laws	_				
23a	BURIAL, CREMATION, 23b. DATE THEREDF 23c. NAME OF CEMETERY  REMOVAL (Specify)  DEC 23 65  F1506R		nty) (State)				
24.	FUNERAL DIRECTOR CADRESS IN.	DATE 25 BY REGISTRARY 25b. REGISTRAR'S	S SIGNATURE				

VR AI5 (4) 20M 1/65

Page 4 may be retained by the nospital or attending proportion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 8 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

M		0303			OLIVIII IOAI	- OI DEAII		au	3 6 11	
	1. PLACE DF DEATH a, COUNTY						CE (Where deceased lived, If ins		dence before ad	dmission
1		a. CDUNIT	TALBOT		MARYLAND	a. STATE	arvland b. COUN	TY Car	oline	
-	17	b. CITY DR TOWN (if outside corporate limits.			c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (II	f outside corporate limits, wr	Ite RURAL an	d give neares	st town)
		write RURAL	and give nearest town	1)	22days 6 Res	Ridg	elw	9		
-		d. NAME OF HO	SPITAL OR INSTITUTION	V (If not in b	ospital, give street address)	d. STREET ADDRESS		d	l e. IS RES	IDENCE
		m		11.	ospitali, giro stroct adaress)	d. OIKEEF ADDRESS			DNAF	FARM?
0 -		11/	EMORIAL	HOSP	ITAL		None			NOX.
	3.	NAME OF DECEASED (Type or print)	EllA	st CA	Middle THERINE /	HONY	4. DATE Monti	MBER	Day Year	65
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 Y	EAR IF UNDER	
1	Pe	emale	White	WIDDWED	DIVORCED	Apr. 6,18	last birthday) 82 yrs.	Months Da	ays Hours	Min.
	LOa.	. USUAL OCCUPA	TION (Give kind of work d	one 10b. K	IND OF BUSINESS OR		County & State, or foreign country	)   12. CITIZ	ZEN OF WHAT	
1	ouri		ling life, even if retired			-			COUNTRY?	
-	Housewife None		моще	Penna. U			DA			
	George H. Imler		Ida Walters							
		. WAS DECEASED	EVER IN U.S. ARMED FOR		SOCIAL SECURITY NO.   17.	INFORMANT	Addres	ss		
	(16:	No.	(If yes give war or dates of		4-10-0707 I	rma B. Im	ler Ridgely,	Mary	rland	
=	1		DEATH   Enter only one		Ine for (a), (b), and (c).]	Ind D	201 1124501,		INTERVAL BE	
	PART I. DEATH WAS CAUSED BY:					ONSET AND				
		1/23/ IMMEDIATE CAUSE (a) Gangrene Lett Lower Lea					12-10-	7		
	1	DUE TO (amigutation left supra-condition)				34)	11-28-			
	1	Conditions, If any, which gave rise to immediate (b) Whereal embolism						11-20-	05	
1	-	cause (a), stating the DUE TO O O O O O						11-21-	(05	
		underlying cause last. (c) Citral Fibrillation								
	CERTIFICATION	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOP PERFORMED							RMED?	
	CA	Scribty. Bronchopneumonia.						NO 🗌		
		2Da. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)								
	S	(IF EITHER, NO	ING CAUSE OF DEAT	ER)						
	N.	20c. TIME OF	INJURY Month, Day, Y	ear   20d. I	NJURY OCCURRED   20e. PLA	CE OF INJURY (Home, f	arm, 20f. (City or town)	(Count	(Y) (S	State)
	MEDICAL	Hour a.		While	MOT WILLE	ry, street, office bldg.,	etc.)			
	Σ									
	1	21. I certify that (I) (this hospital) attended the deceased from								
		saw the deceased alive on 19, and that death occurred at M, from the causes and on the date stated above								
1		ATTENDING — MED. — STAFF — 12/12/65								
	M.D. PHYS. A DIRECTOR PHYS.						- 1			
		22c. PHYSICIAN'S Robert W. Trever M. D. 22d. ADESt on, Maryland 12/13/65								
	23a	BURIAL, CREI		HEREDF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	own or count	ty) (Si	tate)
		Buri	al   12-16	-65	Greensbord		Greensbor	o. Mar	ryland	
	24.	. FUNERAL DIR	ECTOR	) 1	ADDRESS	25a. RE	C'D BY REGISTRAR   25b, R	EGISTRAR'S	SIGNATURE	
	2	20km	2 1200	eng	Thrundon	om DEC	17 1965 Jan	- Long		
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-	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
20 E	16990 CERTIFICATE OF DEATH 20:	371
P 8 5	1. PLACE DF DEATH a. COUNTY ALDOT MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence a. STATE b. COUNTY MARYLAND Maryland Carol	. /
papers. Pages I	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (if outside corporate limits, write RURAL and give heart town)  Henderson	
event, within 72 h	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  OR INDEMOCRATED 4. STREET ADDRESS  None	IS RESIDENCE ON A FARM?
nt, with	3. NAME DF First Middle Last 4. DATE Month Day DECEASED (Type or print) ANNA G HOUSEAL DEATH 12	Year 19 65
any event,	5. SEX  6. COLOR OR RACE  7. MARRIED  NEVER MARRIED	
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None  10b. KIND OF BUSINESS OR  II. BIRTHPLACE (County & State, or foreign country)  Waryland  12. CITIZEN O  USA  USA  USA	F WHAT
	13. FATHER'S NAME  John Berchard  14. MOTHER'S MAIDEN NAME  Alice Wiggins	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
Clemanon,	FAMI I. DEATH WAS CAUSED DI:	VAL BETWEEN T AND DEATH
buriai, cr	002/ DUE TO	contain
	Conditions, If any, which gave rise to immediate cause (a), stating the DUE TO	
-	underlying cause last, ) (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19.	WAS AUTOPSY PERFORMED?
0	5 (biterios cleratic Keart disease, Congestive Lailure, Senility) YES	
		(State)
	Zoc. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County)   4   4   4   4   4   4   4   4   4	
LUZ-	21. I certify that (I) (this hospital) attended the deceased from, 19, to, 19, the saw the deceased alive on, 19, and that death occurred at 5.0 M, from the causes and on the date	
nam with	22a. SIGNATURE  ROBert W. Trever  M.D. ATTENDING MED. STAFF DIRECTOR PHYS.   12/13/6	NED
1	22c. PHYSICIAN'S NAME (Type) Robert W. Trever M. D. Easton, Maryland 12/13/	
2	23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY Greensboro, Maryla	(State)
The	24. FUNERAL DIRECTOR  ADDRESS  ADDRESS  25a. REC'D BY REGISTRAR 25b. BEGISTRAR'S SIGNA  Control of the control	

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VR A15 (4) 15M 4-64

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 16992 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission)
a. COUNTY TALBOT MARYLAND	a. STATE Maryland b. COUNTY Caroline
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Write RUNAL and give nearest town)	Preston - Rural
d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
MEMORIAL HOSPITAL	R.F.D. Box 82 ON A FARM? YES NO
3. NAME OF DECEASED First Middle	Last 4. DATE Month Day Year
(Type or print) JAMES ORLAND H	-Ubbard st. DEATH 1) ecember 19 1965
7. MARKIED & MEYER MARKIED	8. DATE OF BIRTH May 7, 1896  9. AGE (fn years   IFUNDER 1 YEAR   FUNDER 24HRS   Months   Days   Hours   Min.
WIDOWED DIVORCED	69 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Employee National Biscuit Company	11. BIRTHPLACE (County & State, or foreign country) Caroline Co., Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Noah Hubbard	Ida Holmes
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) ((If yes give war or dates of service)	INFORMANT Address
No 218-01-3985 Mr	s. Leolia Hubbard, Preston, Maryland
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Septice 177/8	probably due to
053,3 BUE TO 1	
Conditions, If any, which (b) (b) (782177 /789)	2/11/2 05/92/11/57
gave rise to immediate cause (a), stating the DUE TO	
underlying cause last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY REFFORMED?
NISPETOS MEILIN	YES NO [
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELEASE  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCUPANTION OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	JRRED. (Enter nature of Injury In Part I or Part II of Item 18.)
3 20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA facto   While   at work   at work   at work	ry, street, office bldg., etc.)
21. I certify that (I) (this hospital) attended the deceased from	, 19, to, 19, that (I) (we) last
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t death occurred at M. from the causes and on the date stated above.
22a. SIGNATURE	22b. DATE SIGNED
M.C. M.C. M.C.	ATTENDING MED. STAFF STAFF
22c. PHYSICIAN'S NAME (Type) FA H Sybright	22d. APORESS
T. C.T. 1811MIG	Caper, 11/1a
23a. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL Dec. 22, 1965 Jonestown Ce	
24. FUNERAL DIRECTOR ADDRESS	metery   Near Preston, Maryland   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
is Framptom & Son Federalsburg Md,	1434 6 2004
The second of th	DATAN 3 1966 (Charley Judge

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	and full pairs	
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		AND REAL PROPERTY.
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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	18993 CERTIFICAT	E OF DEATH	20374
1.	PLACE OF DEATH a. COUNTY  MARYLANO	2. USUAL RESIDENCE (Where deceased lived, If institution: R a. STATE b. COUNTY To	esidence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL  X Sherwood	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  Memore of Hospital (If not in hospital, give street address)	d. STREET AOORESS	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  SEX 6. COLOR OR PACE TO MANUAL T	Last 4. DATE Month OF DEATH /2 8. DATE OF BIRTH   9. AGE (In years   IF UNOER	Day Year 22 1965
10:	Female White WIDOWED DIVORCED DIVORCED DIVORCED	4/15/1884 Sast birthday) Months yrs.	Oays Hours Min.
du	ring most of working life, even if retired)  HOUSTRY  FATHER'S NAME	Talbot Maryland C	JSA ?
1! (Y	es. no. or unknown) ((f yes nive war or dates of service)	Amelia Wanner INFORMANT Address	<b>P</b> er
-	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	Irs. Raymond Fowler, Easton, M	INTERVAL BETWEEN ONSET ANO DEATH
	PART I. DEATH WAS CAUSEO BY: IMMEDIATE CAUSE (a) OUE TO Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  OUE TO (c)	of signaid	2 years
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO OEATH BUT NOT REL	ATEO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTDPSY PERFORMEO? YES ND
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URREO. (Enter nature of injury in Part I or Part II of Item 18	
MEDICAL	20c. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   20e. PL Hour a.m. p.m. 19   While at work   Not While at work	ory, street, office bldg., etc.)	unty) (State)
	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 19, and the 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	at death occurred atM, from the causes and on t	, that (I) (we) last he date stated above. ATE SIGNEO
23:	Burial 12/24/1965 Sherwood (em	C. S. As 2	
12	ADDRESS	1 AFC 27 1965 Charle	

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2 2	Carrier Street	والملاحب		
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TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Department of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

V

O DEPUTY MED EXAMINER: This certificate should be executed within 24 hours after death. If any delay please execute are certificate, writing the word "pending" in pencil in Item 18. Give Fares 1, 2, and 3 to director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page retained for your files.

TO DEPUTY MED

VR ALSME (5) 1/65

cessary, re funeral 5 may be

## MARYLAND STATE DEPARTMENT OF HEALTH

18994 of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20375

	1.		2. USUAL RESIDENCE (Where deceased lived, If institution: F	Residence before admission)
		a. COUNTY TO TAKE	a. STATE () b. COUNTY To	Hot
		b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	end give nearest town)
		write RUBAL end give nearest town)	20 FACTON	
	-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress)	d. STREET ADDRESS	e. IS RESIDENCE
V	/	127 Port StREET	127 POPT STREE	ON A FARM?
1	3.	NAME DF First Middle	Last   4. DATE Month	Day Year
		(Type or print) DORN THY	INDER DEATH 12	11 1965
	5.	7. MARKIED   NEVER MARKIED	DATE OF BIRTH 9. AGE (In years IF UNDER last birthdey) Months	
1	70	emple, Yeuro widowed Divorced M	BR. 24,1920 4-5 yrs. Months	Days Hours Min.
	100	e. USUAL OCCUPATION (Give Mind of work done   10b. KIND OF BUSINESS OR INDUSTRY		ITIZEN OF WHAT
	7	ADORER FACTORY	MARYLAND	USA
	13		14. MOTHER'S MAIDEN NAME	
	5	DAMUEL NIXON	LOTTIE SCINNE	R
	15. (Ye	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   III	NFORMANT Address	
		NO	THERINE TINDER	
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	7	INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: Uccidental as follows:	uppialion	ONSEL AND DEATH
		9/60 DUE TO 1	A ,	
		Conditions, If eny, which \ (b) Douse Durnes	Cdann	
,		geve rise to immediate cause (a), stating the DUE TO		
		underlying cause last. (c)		
	No.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(2)	19. WAS AUTDPSY PERFORMED?
4	CAT			YES ND
0	CERTIFICATION	20a. EXTERNAL CAUSE WAS   20b. DESCRIBE HOW INJURY OCCURI	RED. (Enter nature of injury in Part 1 or Part II of Item 18	1.)
	CE CE	CAUSE OF DEATH.		
	EDICAL	de fantary	E OF INJURY (Home, farm, 2Df. (City or town) (Co	unty) (State)
	VEDI	Hour a.m. /2 -/' 1965 at work at work	HOME EASTON TA	h MD
0	-	21. I certify that I took charge of the remains described above, held	an Autopsy , Inspection , Inquiry ,	and In my opinion
		death resulted from: Natural causes . Accident . Suici	ide , Homicide , Undetermined manner	
			CHIEF MEDICAL EXAMINER	
		SIGNATURE This Willy	M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
		EXAMINER'S WELTV &	DEPUTY MEDICAL EXAMINER 🖳	12-13-65
2		NAME (Type)	Address (Street, city, town, or county)	
	238	BURIAL, CREMATION, 23b. DATE THEREOF 23D NAME OF CEMETERY DE PROVAL (Specify)	OR ORTHATORY 23d. LOCATION (City, town or co	unty) (State)
		BURIALIZASTOS NUMERAS	CEM 7 775/0N	IN P
	24	A EUNERAL DIRECTOR ADDRESS 4	I DEC 1 F ADDE   WILLIAM	'S SIGNATURE
	1	SEVIES ES WHISHIELD CONTANT	1 1 1965 Francis	10

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#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 16

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Pennsylvanfa <sup>COUNTY</sup> Delaware
b. CITY DR TOWN (if outside corporate limits, write RURAL and give nearest town)  Rural St. Michaels 4 yrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Clifton Heights 75 x. 3
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   6. IS RESIDENCE
Rio Vista Nursing Home	51 Fairview Ave.
3. NAME DF First Middle Colm G. Pollock	Last 4. DATE Month Day Year 19 65
7. MARKIED NEVER MARKIED	Aug 31, 1877  9. AGE (In years   IFUNDER 1 YEAR   IFUNDER 24 HRS.   Months   Days   Hours   Min.   M
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Retired Salesman None	11. BIRTHPLACE (County & State, or foreign country)  Virginia  12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Atcheon Pollock	Hanne ?
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (If yes give war or dates of service)	INFORMANT Address
No Unknown	Edward Gibson Henderson, Md.
PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  Conditions, If any, which gave rise to immediate cause (c) cc	rotic Chibrel Clerenter the 5yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES   NO
	IRRED. (Enter nature of injury in Part I or Part II of Item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC factor while at work at work	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from / saw the deceased alive one for the deceased from / 19 / 22a. SIGNATURE  22d. PHYSICIAN S NAME (Type)  M.D.	death occurred at 30 M, from the causes and on the date stated above.  ATTENDING MED. STAFF PHYS.   3   22b. DATE SIGNED PHYS.   22d. ADDRESS
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY BURIAL 12-3-65 Greensbo	
24. FUMERAL DIRECTOR AODRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE  O, Md BATE C 7 1965 Peliantes Judge

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

	MARYLAND STATE DEPARTMENT OF HEALTH	
	TATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1,	MARYLAND
16996	CERTIFICATE OF DEATH	OHOM

1.	PLACE OF DEATH  e. COUNTY  AIBOT  MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission a. STATE Maryland b. COUNTY Caroline
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
_	A NAME OF MORPHAN OR MORPHAN OF MORPHAN OF MORPHAN OF MORPHAN OR MORPHAN OF M	Ridgely 05 X 2 d. STREET ADDRESS e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  None  e. IS RESIDENCE on A FARM? YES \( \text{No PX} \)
3.	NAME OF First Middle	Last 4. DATE Month Day Year
	OFFICE CATHLEEN	ROSS DEATH 12 23 1965
5.	6. COLOR OR RACE 7. MARRIEO NEVER MARRIEO DIVORCED	3. OATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Hours   Min.   Hours
10	a. USUAL OCCUPATION (Give kind of work done   10b. KINO OF BUSINESS OR Infing most of working life, even if retired)	11 RIRTHPLACE (County & State, or foreign country)   12 CITIZEN OF WHAT
	Housewife None	Maryland U.S.A.
13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John F. Ireland	Martha Downes
1 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. es, no, or unknown)   (If yes give war or dates of service)	INFORMANT Address
L	No 217-01-8398A	Martha Marie Jarrell Ridgely, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. OEATH WAS CAUSEO BY: IMMEDIATE CAUSE (2) acute myo	cardial infarction 24 frs.
	4201 DUE TO	+: 0 11 . 11 4
	Conditions, if any, which gave rise to immediate (b)	erolic heart disease Unknown
12	cause (a), stating the DUE TO	
Z	underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
CERTIFICATION	TAKT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	PERFORMEO? YES NO
	20a. ACCIDENT WAS UNDERLYING TOO CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. INJURY OCCURRED 20e. PLAI Hour a.m. While Not While	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)
ME	Hour a.m. p.m. 19 While Not While at work	
	21. I certify that (I) (this hospital) attended the deceased from	, 19_36, to, 19, that (I) (we) last
	saw the deceased alive on, and that 22a. SIGNATURE	death occurred at M, from the causes and on the date stated above.
	B-0. +WI T	ATTENDING MED STAFF
	22c. PHYSICIAN'S NAME (Type)	PHYS. DIRECTOR PHYS. 22d. ADDRESS
	MARIE (1340)	
23	a. BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY	
_	Burial 12-27-65 Ridgely	Ridgely, Maryland
2	4 FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-	1.6. Douber Arienstoro. Mu	d. DANE U 2 8 1965   Journey Judge

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ITTEM 2 See Birth cert MARYLAND STATE DEPARTMENT OF HEALTH TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please I and with the State Dept. of Health prior to burial, cremation, or removal, and in any within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. VR A15 (4) 15M 4-64

3. NAME DF DECEASED (Type or print)  SEX   6. CDLDR OR RACE   7. MARRIED   NEVER MARRIED   NEVER MARRIED   12/20/1965   9. AGE (In years   IF UNDER 1 YEAR	mission)
b. CITY DR TDWN (If outside corporate limits, write RURAL and give nearest town)  3 4 102.  d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address)  3. NAME DF DECEASED (Type or print)  5. SEX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED DIVDRCED DIVDRCED DIVDRCED DIVDRCED DIVDRCED DIVDRCED 102. CITIZEN OF WHAT CDUNTRY?  102. LENGTH DF STAY IN 1b  3. NAME DF DECEASES 0. STREET ADDRESS 0.	
d. NAME DF HDSPITAL DR INSTITUTION (If not in hospital, give street address)  3. NAME DF DECEMBER 22 19  5. SEX 6. CDLDR OR RACE 7. MARRIED NEVER MARRIED 172/20/1965 PLANT NOTE OF BIRTH 12/20/1965 PLANT NOTE OF BIRTH 12/20/1965 PLANT NOTE OF WIDDER 19. AGE (In years lift UNDER 1 YEAR IF UNDER 1 YEAR I	t town)
3. NAME DF DECEASED (Type or print)  5. SEX  6. CDLDR OR RACE  WIDDWED  DIVDRCED  DIVDRCED  DIVDRCED  DIVDRCED  DIVDRCED  102, 20/1965  P. AGE (In years   IF UNDER 1 YEAR   I	DENCE ARM?
DECEMBER	ND L
male white WIDDWED DIVDRCED 12/20/1965 last birthday yrs. Months Days House 10a.USUAL DCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND DF BUSINESS DR II. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT CDUNTRY?	:5
during most of working life, even if retired) INDUSTRY Talb. Co. Md.	Min.
13. FATHER'S NAME  14. MDTHER'S MAIDEN NAME	
DAVID P. SARD, JR. Katy Sue Bradley  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SDCIAL SECURITY ND.   17. INFORMANT  Address	
(Yes, no, or unkown) (If yes give war or dates of service) David P. Sard, Jr. Trappe, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  NEATH WAS CAUSED BY.  ONSET AND D	WEEN DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, If eny, which gave rise to immediate  (b)  (c)  (d)  (e)  (e)  (f)  (f)	4,
cause (a), stating the underlying cause last, (c)	
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORI	TDPSY MED?
PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AU PERFORI YES  20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING DC AQUISE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)  19. WAS AU PERFORI YES  10. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) DR CONTRIBUTING DC AQUISE OF DEATH (IF EITHER, NDTIFY MEDICAL EXAMINER)	ND 🔀
	State)
21. I certify that (I) (this hospital) attended the deceased from / 2 - 2/, 1965, to /2 - 2, 1965, that (I) (w	
saw the deceased alive on 12 - 2 2 196 5, and that death occurred at 1236 M, from the causes and on the date stated	above.
ATTENDING MED. STAFF DIRECTOR STAFF DIRECTOR DIR	5
REMOVAL (Specify)	tate)
Burial 12/23/1965 Windy Hill I rappe, Md.  24. FUNERAL DIRECTOR  ADDRESS  DEC. 27 1965 Clienter Ludge.	
Maurice Thurantson Caster, Marylandonte 27 1965 Judge	

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	TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate by the hospital or attending physician.	
	PHYSICIAN: Ti	
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN

Bar \		16998 - CERTIFICAT	E OF DEATH	OLOPA
<u> </u>	=	tem 5 kg m (#376	5/1/66 mh	40313
e	1.	PLACE OF DEATH a. COUNTY	2 CTATE	
after		19100 MARYLAND	Maryland la	
event, within 72 hours a		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY M 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	15	EASTON   58 /2 hu	X Easton, Ald (Rural)	
		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
80		MEMORIAL	RFD#2	
	3.	NAME OF First (Mottain) Middle		
		DECEASED (Type or print)  MARTHA	COOD OF OF	and the same
	5.	CEV LC COLOR OR DAGE	3/	
		7. WARRIED WEVER MARRIED	last birthday) Months I	Days Hours Min.
	100	WIDOWED DIVORCED		TITEN OF WHAT
	dui	a. USUAL OCCUPATION (Give kind of work done ring most of working life, even if retired) INDUSTRY	ÇÇ	
		Housework		SA
	13	B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
		William E. Talley	Margaret Price	
		or no or unknown) ( ( fixer give were detected asserted)	INFORMANT Address	
	( )	no 219-07-9476A Ro	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Caston, Mil (Rural)  STREET ADDRESS  PD#2  Last  4. BATE OF ACE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Iast birthday)  DATE OF BIRTH  D. ACE (In years IFUNDER 1 YEAR IF UNDER 24 HRS. Iast birthday)  Months Days Hours Min.  To the terminal disease condition given in part 1(a)  D. (Enter nature of injury in part 1 or part 11 of Item 18.)  DE INJURY (Home, farm, 20f. (City or town)  Treet, office bidg., etc.)  To the terminal Disease Condition (City, town or county)  ACE OF DIRECTOR PHYS.  DE ACE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Institute Months Days Hours Min.  DE INJURY (Home, farm, 20f. (City or town)  County)  (State)  To the terminal disease condition given in part 11 of Item 18.)  DE INJURY (Home, farm, 20f. (City or town)  County)  County)  State  ATTENDING MED.  ATTENDIN	
		[ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) auste pulm	100000	A A
7		// 2 ^ 1)	200110	10000
		Conditions, If any, which	- P. + Q.	MANY
		gave rise to immediate	cu rear duser	1200
		cause (a), stating the DUE TO		
	Z	underlying cause last. (c)	ATER TO THE TERMINAL PHOTAGE CONDITION ON THE IN DART 1/a)	110 WAS AUTODOV
0	CERTIFICATION	TARTH. OTHER SIGNIFICANT CONDITIONS CONTRIBOTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	PERFORMED?
	E S	ч		
	F	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	URRED. (Enter nature of Injury in Part I or Part II of Item 18.	.)
	MEDICAL	fact		inty) (State)
	MED	p.m. 19 While Not While at work	3,7,0,000,000,000,000,000,000,000,000,00	
		21. I certify that (I) (this hospital) attended the deceased from	20 Dec 1965 to 22 Dec 196	that (I) (we)-last
		saw the deceased alive on 22 Dec 19 45, and that	at death occurred at 25 M. from the causes and on the	he date stated above.
	-	22a. SIGNATURE	1 22h D	ATE SIGNED
		Slypher Carnel M.	D. PHYS. MED. DIRECTOR PHYS.	4 Dec 65
		22c. PHYSICIAN'S		
		NAME (Type) Stephen P. Carney, M.D.	Easton, Md.	TO STATE OF THE ST
	238	a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETER	Y OR CREMATORY   23d. LOCATION (City, town or cou	unty) (State)
		REMOVAL (Specify)		Marie Television
	24		25a. REC'D BY REGISTRAR   25b. REGISTRAR'	S SIGNATURE
5	A	Marian Ellermandon EASTON, Md		
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH completely filled in by the funeral ve carbon papers. Pages 1 and 2 event, within 72 hours after death. hours after death. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) a. COUNTY b. COUNTY albox MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b 57 ON aston d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 210 Willis Street NOX YES completely executed within 3. NAME OF Middle Last DATE Month Day Year First DECEASED 1965 DEATH (Type or print) AGE (In years | IFUNDER 1 YEAR | IFUNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR DR RACE DATE OF BIRTH 8. 9. ove NEVER MARRIED in any WIDOWED 10a, USUAL OCCUPATION (Give kind of work done I 10b, KIND OF BUSINESS DR 12. CITIZEN OF WHAT TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the hospital or attending physician. during most of working life, even if retired) INDUSTRY and the attending physical to be the please the Baltimore d or removal, 13. FATHER'S NAME Annie Scheine harles H. Skuhr 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) burial-transit perm burial, cremation, harles INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TD Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating underlying cause last. (c) PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? CERTIFICATI NO V YES [ 20a. ACCIDENT WAS UNDERLYING ☐ DR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 2Dd, INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While p.m. at work at work , that (I) (we) last 19 21. I certify that (I) (this hospital) attended the deceased from tp. and that death occurred at CO \_M, from the causes and on the date stated above. saw the deceased alive on .... 22b. DATE SIGNED 22a. SIGNATURE ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. PHYSICIAN'S 22d. ADDRESS NAME (Type) Robert W. M. D. Easton. Marvland BURIAL, CREMATION, BEMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) 23d. len Haven 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VR A15 (4) 15M 4-64

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. The phase remove carbon papers. Pages 1 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial, cremation, or removal, and in any event, within 72 hours after the prior to burial.

	MARYLAND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STREET,	BALTIMORE 1. MARYLAND
17000	CERTIFICATE OF DEATH	20382

1. PLACE OF DEATH a. COUNTY Talbot MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Talbot
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Laston  C. LENGTH OF STAY IN 1b Unknown	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	29 Easton
Memorial Hospital	d. STREET ADDRESS  100 Glenwood Avenue  0. IS RESIDENCE ON A FARM? YES \( \sum_{NO} \sum_{YES} \sum_{NO} \sum_{YES} \)
3. NAME DF First Middle	Last   4. DATE Month / Day Year
DECEASED (Type or print) William Re, TOV	SON   DEATH 12/8 1965
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	December 8, 1912  9. AGE (In years   FUNDER 1 YEAR   FUNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHAT
during most of working life, even if retired)  TRUCK DRIVER STATE	MAR WI And U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME /
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITYNO.   17.	OLLIE (!) Cephas
(Yes, no, or unkown) (If yes give war or dates of service)	INFDRMANT Address
	s. Ann Spry-100 Glenwood Ave., Easton, Md.
18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).1  PART I. DEATH WAS CAUSED BY:	ATTACK INTERVAL BETWEEN ONSET AND DEATH
3 2 2 1 IMMEDIATE CAUSE (a)	MINUTES
Conditions, If any, which DUE TO EPILEPTIFE	DRM SEIZURES TO HOURS
gave rise to immediate cause (a), stating the underlying cause last.  DUE TO CHRONIC	ALCOHOLISM UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUTNOT RELATED TO SEATH BUTNOT RELATED TO	PERFORMED?
20a. ACCIDENT WAS UNDERLYING 1 20b. DESCRIBE HOW INJURY OCCUP CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)
factor factor	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
Hour a.m. A 1965 While Not While Tractor at work	, de la
21. I certify that (1) this hospital) attended the deceased from	1965, to 12/8, 1965, that (1) (we) last
	death occurred at 2 M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. DIVERTOR DIVERT
Mehera J. J. J. M.D.	PAIS. DIRECTOR PAIS.
22c. PHYSICAN'S NAME (Type)	36 So, AURORA St. EASTON
23a. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY	
REMOVAL (Specify) 12/18/65 Petersburg C	emetery Near Hurlock, Maryland
24. FUNERAL DIRECTOR ADDRESS	25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE
Home Manylow, fr. Tederalstury, Mod	DEC 20 1965 Pelianles Judge

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# MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17001 MEDICAL	EXAMINER'S	CERTIFICATE	OF DEATH	20384
1.	PLACE OF DEATH a. CDUNTY TALBOT	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased lived, If institution: Re	esidence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If o	itside corporate limits, write RURAL	
	EASTON	DO. H.	YUE	ENSTOUN 17X-	e. IS RESIDENCE
	d. NAME OF HOSPITAL OR INSTITUTION (if not in ho	spital, give street address)	d. STREET ADORESS		DN A FARM? YES NO NO
3.	NAME OF DECEASED (Type or print) NANCY	Middle St	Last	4. DATE Month OF DEATH DEC	Day Year 24, 1965
5.	SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (In years IF UNDER lest birthday) Months i	1 YEAR   FUNDER 24 HRS.
F	EMPLE White WIDOWED		SEPT, 1, 194	-6 19 yrs.	TIZEN OF WHAT
I	Ing most of working life, eyen if retired)  BM OPERATOR  BdA	ND OF BUSINESS OR IDUSTRY  ARYLAND	QUEENSTO	wn MARYLAND B	UNITRY?
13.	EARL Stubbs		MARGAR	et Lister	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. s. no or unkown) (If yes give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT S. EARL STE	bbs Queens found	MARIJANd
	18. CAUSE DF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY:	111	1	10-13:30	ONSET AND DEATH
	923 LIMMEDIATE CAUSE (a)	Itiple FE	xtensive	Head injuries	
	Conditions, if any, which ) (b)	tuto Acc	ident		30 mine
7	gave rise to immediate cause (e), stating the DUE TO				
	underlying cause lest. (c)			PERSON COMPLETION OF VIVEN IN DART (A)	119. WAS AUTOPSY
CATION	PARTILIOTHER SIGNIFICANT CONDITIONS CONTRIBU	e- crush is	ng injury	to chest	YES NO
CERTIFICATION	20a. EXTERNAL CAUSE WAS 20b. D PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	PESCRIBE HOW INJURY OCCU	RRED. (Ented nuture of )	njury in Part I or Part II of Item 18.	)
CALC	20c. TIME OF INJURY Month, Dey, Year   20d. In	A Souton	CE OF INJURY (Home, fari ry, street, office bldg., etc	m, 20f. (City or town) (Cou	inty) (State)
MEDICAL	Hour e.m. 12/241965 While at work	Not While	ry, street, onice bidg., etc	Grasonville	L.A.M.
	21. I certify that I took charge of the rem		d an Autopsy 🔲,	Inspection 🔀, Inquiry 🔀,	and in my opinion
	death resulted from: Natural causes	Accident , Sui	cide, Homicide		
	ACTUAL POPULATION OF THE POPUL	. )	CHIEF MEDICAL  M.D. ASSISTANT MEDI		22. DATE SIGNED
	SIGNATURE		DEPUTY MEDICAL		12/24/15
	NAME (Type) C. R. Leyt	370		city, town, or county) (ent)	eville, No
232	BURIAL, CREMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY	DR CREMATORY	23d. LDCATION (City, town or col	unty) (State)
-24	FUNERAL DIRECTOR	ADDRESS	25a. REC	D BY REGISTRAR   25b. REGISTRAR	S SI NATURE

1965

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	17002	CERTIFICATI		LI, DALIMORE I, MI	20385
1	PLACE OF DEATH a. COUNTY  TALBOT	MARYLAND	2. USUAL RESIDENCE (Where d	leceased lived, If institution: Res	sidence before admission)
	b. CITY OR TOWN (if outside corporate limits, write RUBAL and give nearest town)	5 clay 18 his.	c. CITY OR TOWN (If outside co		ind give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (IF not In	hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NOT
3.	NAME OF First DECEASED (Type or print)  RAME OF First DECEASED  EDNA	Middle	Last 4. DATE OF DEAT		0ay Year 3/ 1965
	emale White Widows	D NEVER MARRIEO	. OATE OF BIRTH 19	9. AGE (In years IFUNDER 1 last birthday) Months (	YEAR IF UNDER 24 HRS. Days Hours Min.
dur	Ing most of working life, even If retired)	KIND OF BUSINESS OR INDUSTRY		COL	IZEN OF WHAT JNTRY? USA
	Emony (rouch		Mary Ne	al	
15 (Ye	. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 s, no, or unkown) (If yes give war or dates of service)		informant Legg-Rock	Hall, Marylan	ud
	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, If any, which gave rise to Immediate cause (a), stating the underlying cause last.  (c)	r line for (a), (b), and (c).]	esthmati	cus	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI				19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ 20b. OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RREO. (Enter nature of Injury In I		
MEDICAL	20c. TIME OF INJURY Month, Oay, Year 20d. Hour a.m. Whi at w.	le Not While factor	CE OF INJURY (Home, farm, 20f. y, street, office bldg., etc.)	(City or town) (Coun	ty) (State)
	21. I certify that (I) (this hyphical) atters saw the deceased alive on 22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type)		ATTENDING MEO.	rom the causes and on the	_, that (I) (we) last e date stated above. TE SIGNED
23a	REBUYLISPECTIFY) Jan. 2	23c. NAME OF CEMETERY Wesley (ha	pel Ro	LOCATION (City, town or cour	Land
24		hurch Hill, Ma	ryland DAJAN 4		0

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